

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS  
WEATHERIZATION ASSISTANCE PROGRAM

Agency Name:

Client Name:

Client Address:

City, Zip

**CERTIFICATION OF NO INCOME**

I certify that **name of the person without income**, who is a member of my household does not receive earned income, benefits or dividends of any kind. I understand that it is my responsibility to provide information concerning any income received by my household and that this information must be reported promptly to a representative of the Weatherization Assistance Program.

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Name of the Applicant/Member of Household

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Signature

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Date of Signature

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION**